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## **SYNCHRONIZED CARDIOVERSION**

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### **FIELD ASSESSMENT/TREATMENT INDICATORS**

Unstable V-Tach or Wide Complex Tachycardias (sustained)

Unstable Narrow Complex Tachycardias

Patient 15 years of age and older - Base Hospital contact not required

Patient 9 to 14 years of age - Base Hospital order required

Patient 8 years of age and younger - not indicated

### **PROCEDURE**

1. Monitor patient in a lead that maximizes upright R wave and minimizes T wave, and observe location of synchronized marker on the R wave.
2. Consider Midazolam 1-2 mg slow IV push for all awake patients.
3. Consider Morphine Sulfate titrated in 1-2mg increments up to 10mg for patient complaint of pain with signs of adequate tissue perfusion.
4. Select initial energy level setting at 100 joules, or a clinically equivalent biphasic energy level per manufacture guidelines.
5. Procedure may be repeated at 200, 300 & 360 joules, or a clinically equivalent biphasic energy level per manufacture guidelines.
6. If cardioversion is successful, continue to monitor and refer to appropriate corresponding protocol.
7. In Radio communication failure, or with Base Hospital order, repeated cardioversion attempts at 360 joules, or a clinically equivalent biphasic energy level per manufacture guidelines, may be attempted.
8. If ventricular fibrillation should occur during preparation or following cardioversion, immediately:
  - a. Turn off synchronizer and check pulse
  - b. Charge unit to 200 - 360 joules, or clinically equivalent biphasic energy level per manufacture guidelines
  - c. Defibrillate per appropriate corresponding protocol
9. Document all reassessments of rhythm and pulses.